BEST AVAILABLE COPY

1733/ (1 (08-00)

Please plus sign (+) inside this box

\rightarrow				
	+			
,				

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL		Application Number	er	09/981/209				
FORM		Filing Date		October 17, 2001 RF	7~			
(to be used for all correspondence after initial filing)		First Named Inventor		W. Scott Hemphill	757			
			Group Art Unit		W. Scott Hemphill 1733 001 5			
			Examiner Name		G. J. Piazza Corcoran C 1>			
Total Number	of Pages in This Sub	mission	Attorney Docket Nu	ımber	596.004			
ENCLOSURES (check all that apply)								
¥ Fee Transmittal	Form	Assigni (for an	ment Papers <i>Application)</i>		After Allowance Communicat to Group	ion		
X Fee Attac	ched	Drawing	g(s)		Appeal Communication to Board Appeals and Interferences			
X Amendment / R	eply	Licensi	ng-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Fina	al	Petition			Proprietary Information			
Affidavits	/declaration(s)		to Convert to a onal Application		Status Letter			
Extension of Tir	ne Request	Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below):			
Express Abando	onment Request	s al Disclaimer		turn Postcard				
Information Disc	closure Statement Request for Refund			Ch	Check in the Amount of \$210.00			
Certified Copy o	f Priority	CD, Number of CD(s)						
Document(s)	Document(s)			ŀ				
Incomplete Appl	Response to Missing Parts/ Remarks Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53								
	0101147	TUDE OF ADDIT	CANT ATTORNEY	OB AG	ENT			
Firm		URE OF APPLI	CANT, ATTORNEY,	OK AG	ENI			
l or	ay G. Durst Boyle Fredrickson I	Nowbolm Stoin !	Crotz S.C					
l 1 -	soyle Fredrickson i 50 E. Wisconsin()							
1	/ \ \ \\	. // u	750					
Signature	/iilwaukee, WI 532	1 1/6						
	- Jay h	1mg						
Date	Date October 7, 2003							
			ATE OF MAILING	10. :	ith a fficient action on first along			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 14-50 on this date:						, 5		
Ty pe or printed name	Heather S. Stu		· · · · · · · · · · · · · · · · · · ·					
Signature	ure HOOTHOUS STUTS			Date	10/07/2003			

Burd en Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

TOTAL AMOUNT OF PAYMENT

Appr U.S. Patent and Trade PTO/SB/17 (11-00) for use through 10/31/2002. OMB 0651-0032 Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

(\$) 210.00

Application Number 09/981,209
Filing Date October 17, 2001
First Named Inventor W. Scott Hemphill
Examiner Name G. J. Piazza Corcoran
Group Art Unit 1733
Attorney Docket No. 596.004

METHOD OF PAYMENT	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fass and and it any companyments to:	3. ADDITIONAL FEES							
indicated fees and credit any overpayments to:		Large Entity		Small Entity				
Deposit Account Number 50-1170	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			Fee Paid
Deposit Account Boyle, Fredrickson, Newholm, Stein & Gratz S.C.	- 1 05	130-	205-	65	Surcharge - late filin	g fee or oath		
Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		50	227	25	Surcharge – late provisional filing fee or cover sheet			
Applicant claims small entity status.	139	130	139	130	Non-English specific	ation		
2 X Payment Enclosed:	147	2,520	147	2,520	For-filing a request for	r ex-parte reexa	emination	
X Check Credit Card Money Order Other	112	920*	112	920*	Requesting publicati Examiner action			
FEE CALCULATION	113	1,840*	113	1,840*	Requesting publication	on of SIR after		
1. BASIC FILING FEE	115	110	215	55	Extension for reply w	ithin first mont	h	
Large Entity Small Entity	116	420	216	200	Extension for reply w	vithin second m	nonth	210.00
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117	920	217	460	Extension for reply w	ithin third mon	ith	
101 770 201 385 Utility filing fee	118	1,440	218	720	Extension for reply w	ithin fourth mo	onth	
106 340 206 170 Design filing fee	128	1,960	228	980	Extension for reply within fifth month			
107 530 207 265 Plant filing fee	119	320	219	160	Notice of Appeal			
108 770 208 385 Reissue filing fee	120	320	220	160	Filing a brief in support of an appeal			
114 160 214 80 Provisional filing fee	121	280	221	140	Request for oral hea	•		
	138	1,510	138	1,510	Petition to institute a	•	ceeding	
SUBTOTAL (1) (\$)	140	110	240	55	Petition to revive – u			
2. EXTRA CLAIM FEES	141	1,280	241	640	Petition to revive – u	nintentional		
Fee from <u>Extra Claims below Fee Paid</u>	142	1,280	242	640	Utility issue fee (or re	eissue)		
Total Claims -24**= X =	143	460	243	230	Design issue fee			
Independent Claims X =	144	620	244	310	Plant issue fee			
Multiple Dependent	122	130	122	130	Petitions to the Com	missioner		
	123	50	123	50	Processing fee unde	r 37 CFR 1.17	(p)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	126	180	126	180	Submission of Inform			
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)			
102 86 202 43 Independent claims in excess of 3	146	740	246	370	Pill			
104 290 204 145 Multiple dependent claim, if not paid	149	740	249	370	For each additional i examined (37 CFR §	nvention to be 1.129(b))		
109 86 209 43 **Reissue independent claims over original patent	179	740	279	370	· · · · · · · · · · · · · · · · · · ·			
110 18 210 9 **Reissue claims in excess of 20 and over original patent	169	900	169	900	Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fee (specify)							
** or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)210.		(\$)210.00			
SUBMITTED BY A	Complete (if applicable)							
Name (Print/Type) Jay G. Durst			tration l		11,723	Telephone	(414) 22	5-9755
Signature			_ , 3-	<u>, I</u>		Date	October 7	, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.